MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07491

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton; LENGTH OF STAY (in this place) 75 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Venton, Md

3. NAME OF DECEASED (Type or Print): (First) Armenius (Middle) Da (Last) Shields

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 14 1874

9. AGE last birthday: 76 yrs.

If under 1 year: Months 4; Days 13; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Venton Som. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Da Shields

14. MOTHER'S MAIDEN NAME: Rose Pollitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Raymond Da Shields Prin. Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1 year

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1950, to July 27 1950, that I last saw the deceased alive on July 27 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE Eldon L. Mossman (Degree or title) Physician ADDRESS Prin Anne Md DATE SIGNED 7/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-30-50	Krause	Venton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/50	R. L. Johnson, M.D.	William H. James	Princess Anne Md

RECEIVED
AUG 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17492

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (in this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne - MD; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) Mae (Last) Dashiell

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April-14-1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Dames Quarter - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Shrieves

14. MOTHER'S MAIDEN NAME: Elta Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles Dashiell Pr. Anne - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetis

260 R 61

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic Coma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home; (CITY OR TOWN): Princess Anne; (COUNTY): Somerset; (STATE): Md.

TIME OF INJURY (Month) July (Day) 21 (Year) 1950 (Hour) a.m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1950, to July 21 1950, that I last saw the deceased alive on July 21, 1950 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Smith; ADDRESS: Princess Anne Md; DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July-23-1950; NAME OF CEMETERY OR CREMATORY: St. Andrews; LOCATION (City, town, or county) (State): Princess Anne - Md.

DATE REC'D BY LOCAL REG. 7/24/50; REGISTRAR'S SIGNATURE: R. F. Johnson, M.D.

24. FUNERAL DIRECTOR: L. G. Webster; ADDRESS

RECEIVED
AUG 23 1960
BUREAU U. S.

07493

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) Azariah (Last) Doane
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4/29/1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Hester Doane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (Daughter) Mary Bell Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154x Immediate cause (a) Carcinoma of rectum

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford M.D. (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-3-50
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 8/2/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR William H James Jr ADDRESS Princess Anne Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO LOCAL REGISTRAR NO. cHo DATE 8-3-50

Dr. Peyton

07494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W Virginia COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) Virginia (Last) Frye
4. DATE OF DEATH (Month) July (Day) 20 (Year) 50
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 16-1881
9. AGE last birthday 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Rockingham Co. Virginia
CITIZEN OF WHAT COUNTRY
12. FATHER'S NAME William Jacob Wymer
14. MOTHER'S MAIDEN NAME Amanda (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Vellon D. Frye (son) R.D. #3 Zion Road. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) ~~Dur~~ Embolus to legs — 1 day

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial Disease

(c) Hypertension + Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema — 36 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED 7/20/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 25-50 NAME OF CEMETERY OR CREMATORY Forest Glen Cem. LOCATION (City, town, or county) Green spring W. Va. (State)

DATE REC'D BY LOCAL REG. 7/21/50 REGISTRAR'S SIGNATURE R. H. Johnson M.D.
24. FUNERAL DIRECTOR Holloway & Co Salisbury Md. ADDRESS
B. Walter R Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1980
BUREAU V. S.

07495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY In this place Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Paper Street

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) H.; (Last) Green, Jr.

4. DATE OF DEATH: (Month) July; (Day) 13; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 28, 1941

9. AGE last birthday: 8 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Green, Sr.

14. MOTHER'S MAIDEN NAME: Naomi Handy Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Naomi Handy Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 Immediate cause (a) Fractured Skull - Crushed Chest - Shock

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident

(c) Hit by auto

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) July (Day) 13 (Year) 50 (Hour) about 6:45 p.m.; INJURY OCCURRED While at Work ☐ Not While At work ☒; HOW DID INJURY OCCUR? Struck by auto

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on July 13, 1950, and that death occurred at about 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: Wm. H. Lawson, M.D. (Degree or title); ADDRESS: Crisfield, Md; DATE SIGNED: July 14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 17, 1950; NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery; LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 7/14/50; REGISTRAR'S SIGNATURE: Betty W. Tyler; 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors; ADDRESS: Crisfield

RECEIVED
JUL 17 1950
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07496

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Marion Station
STREET ADDRESS (If rural, give location) Rural - Marion Station

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Henry (Last) Hall

4. DATE OF DEATH (Month) July (Day) 9, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 24, 1862
9. AGE last birthday 88 yrs. If under 1 year: Months 4, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry W. Hall
14. MOTHER'S MAIDEN NAME Sarah E. Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Ethel Clayton - Marion Sta. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
17 x Immediate cause	(a) Uremia acute Dil. of Heart	1 mo
Antecedent cause(s)	Chronic nephritis Chronic Int. nephritis	yes
51 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophy Prostate (Malignant?) not from	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arthro Sclerosis

19a. DATE OF OPERATION June 4 '50
19b. MAJOR FINDINGS OF OPERATION Enlarged Wooden Prostate (Sufer pubic Cystitis)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to July 9, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 6.45 A.M. from the causes and on the date stated above.

SIGNATURE George C. Cullum M.D. (Degree or title) ADDRESS Marion Sta Md DATE SIGNED 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 11, 1950
NAME OF CEMETERY OR CREMATORY St. Paul's
LOCATION (City, town, or county) (State) Marion Station - Md

DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward D. Covington - Crisfield, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07497

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover RFD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Fields (Last) Jones

4. DATE OF DEATH: (Month) July (Dey) 27 (Year) 1950

5. SEX: Fem

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 10 1862

9. AGE last birthday: 88 yrs. — If under 1 year: Months. 7 Days 17 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manackoke Wicomico

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Conaway

14. MOTHER'S MAIDEN NAME: On known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Eunis Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 4 Years

Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950, to July 27, 1950, that I last saw the deceased alive on July 25, 1950 and that death occurred at 2:37 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Cecil G. Mansman — ADDRESS: Princess Anne Md — DATE SIGNED: 7-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 30 1950 — NAME OF CEMETERY OR CREMATORY: Revels Neck — LOCATION (City, town, or county): Westover — (State): Md

DATE REC'D BY LOCAL REG.: 7/29/50 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR — ADDRESS: Charles H. Ward Marion Md

52086

VS. A15

RECEIVED
AUG 3 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07498

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 310 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smiths Island
STREET ADDRESS (If rural, give location): Tylerton

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) D. (Last) MARSH

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 25, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Tylerton, Smiths Island, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Marshall

14. MOTHER'S MAIDEN NAME: Julia Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Iva Tull--310 Locust St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 days.

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerosis — yrs ?
(c) Hemiplegia, left side — 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: C. J. Rawley (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Aug. 31, 1950
NAME OF CEMETERY OR CREMATORY: Tylerton Cemetery
LOCATION (City, town, or county) (State): Tylerton, Maryland

DATE REC'D BY LOCAL REG.: 7/31/50
REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield ADDRESS

RECEIVED
AUG 3 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07499

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKinley's Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) VERTIA (Middle) (Last) MILES

4. DATE OF DEATH: (Month) 7/3/1950 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Deals Island, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Roach

14. MOTHER'S MAIDEN NAME: Maggie Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary Milbourne--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 day-

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Two previous episodes of hemaplegia - left side — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 9 30 P m., from the causes and on the date stated above.

SIGNATURE C. G. Rawley (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF 7/6/1950 | NAME OF CEMETERY OR CREMATORY Deals Island Cemetery | LOCATION (City, town, or county) (State): Deals Island, Md.

DATE REC'D BY LOCAL REG. 7/6/50 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1980
BUREAU P. R.

M

07500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Rebecka (Last) Potter

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1950

5. SEX Fem

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug 26 1875

9. AGE last birthday 74 yrs. If under 1 year Months 10 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Po. Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Issac Cottman

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sarah Baine Pocomoke R.I.D.3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int. Nephritis - Chronic 10 yrs.

(c) Myocarditis, General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1950, to July 13, 1950, that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at Unknown m., from the causes and on the date stated above.

SIGNATURE Gunze C. Cullen Acting Dept MD Medical Examiner (Degree or title) ADDRESS Marion, Md. DATE SIGNED 7-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 16-1950

NAME OF CEMETERY OR CREMATORY Cottage grove

LOCATION (City, town, or county) Westover (State) Md

DATE REC'D BY LOCAL REG. 7/14/50

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Charles H Ward ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07501

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess anne
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Hannie (Middle) May (Last) Tuspin

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 28 1902

9. AGE last birthday: 47 yrs. — If under 1 year: Months 8 — Days 29 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory work

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pemberville Virginia accomatto

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marcus Lee Holden

14. MOTHER'S MAIDEN NAME: Mary Brightham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-01-8187

17. INFORMANT AND ADDRESS: Alonzo Tuspin Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x — **Immediate cause** (a) Cerebral Haemorrhage — Interval between onset and death: 3 hours

83a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 4 mths

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elbert G. Marksman — ADDRESS: Princess Anne md — DATE SIGNED: 7-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 5-1950 — NAME OF CEMETERY OR CREMATORY: Cattage yard — LOCATION (City, town, or county) (State): Westover Somerset Co Md

DATE REC'D BY LOCAL REG.: 7/3/50 — REGISTRAR'S SIGNATURE: R. L. Johnson, M.D., Jr.

24. FUNERAL DIRECTOR — ADDRESS: Charles Howard Marion Sta Md.

49644

RECEIVED
JUL 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07502

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 406 D. Paca St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Turay
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 6, 1901
9. AGE last birthday: 48 yrs. | If under 1 year: Months 10 | Days | If under 24 hrs.: Hours | Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Textiles
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 217-18-5957
17. INFORMANT AND ADDRESS: Emma Harris 406 D. Paca St Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 3 hrs.

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Preceeding history of thrombosis in Jan 1950

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

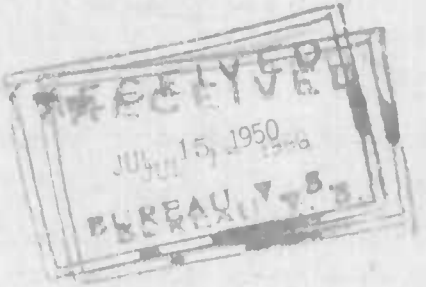
22. I hereby certify that I attended the deceased from July 11, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C G Rawley M.D. | ADDRESS: Crisfield, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 13, 1950 | NAME OF CEMETERY OR CREMATORY: Sunny Ridge | LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 7/13/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR: Howard D. Covington | ADDRESS: Crisfield, Md

46460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JUL 15 1950
BUREAU U.S.

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07503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 3 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) JULIA	(Middle) GEDNEY	(Last) WALTER	4. DATE OF DEATH	(Month) July (Day) 7, (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb. 20, 1892	9. AGE last birthday: 58 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Marion, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John Garrison	14. MOTHER'S MAIDEN NAME: Julia Horsey				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. Melvin Lewis, Onancock, Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
156.1	Immediate cause	(a) Acute Die of Hart Uremia	3 days
46f	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shrinkled Umbilical Hernia	1 wk
		(c) Carcinoma of Liver	Mother

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jun 26 50	19b. MAJOR FINDINGS OF OPERATION: Shrinkled Umbilical Hernia Carcinoma of Liver	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jun 20, 195.., to July 6, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Coulbourn M.D.		Marion St. Md	7/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: July 9, 1950	NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery	LOCATION (City, town, or county) (State): Marion, Maryland
DATE REC'D BY LOCAL REG.: 7/8/50	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 15 1960
BUREAU T. B.

M

07504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mariners Road	STREET ADDRESS (If rural, give location): Mariners Road

3. NAME OF DECEASED (Type or Print): (First) Delbert (Middle) L. (Last) Ward

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1950

5. SEX: Male ~~Female~~

6. COLOR OR RACE: White ~~Colored~~

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 1898

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James H. Ward

14. MOTHER'S MAIDEN NAME: Mary C. Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 2nd

16. SOCIAL SECURITY NO.: Dk

17. INFORMANT AND ADDRESS: Mrs. E. E. Holland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull-Brain Hemorrhage

983X

Antecedent cause(s) (b) Stucked on head with Chunk

168

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 14/50 m. — INJURY OCCURRED: While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Struck on Head with Chunk

22. I hereby certify that I attended the deceased from Dead when I saw him, 19..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourn MD (Degree or title) — ADDRESS: Crisfield Md — DATE SIGNED: July 16 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 16, 1950 — NAME OF CEMETERY OR CREMATORY: American Legion — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 7/15/50 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield Md. — ADDRESS

340 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 18 1950
BUREAU V. S.

07505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) A. (Last) Waters

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1950

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH Jan 2. 1889

9. AGE last birthday 61 yrs. If under 1 year Months 6 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea food work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fairmount Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William J. Waters

14. MOTHER'S MAIDEN NAME Maria Paraway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-12-7253

17. INFORMANT AND ADDRESS Mrs Carrie Waters, Fairmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 months

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to July 8, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman ADDRESS Princess Anne, Md DATE SIGNED 7.8.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 11, 1950

NAME OF CEMETERY OR CREMATORY St Tennent

LOCATION (City, town, or county) (State) Fairmount Somerset Co Md

DATE REC'D BY LOCAL REG. 7/10/50

REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd

24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md

900 V1

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
JUL 12 1950
BUREAU V. S.

07506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRISFIELD
LENGTH OF STAY (In this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 N. 4th. ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRISFIELD
STREET ADDRESS (If rural, give location) 208 N. 4th. ST.

3. NAME OF DECEASED (Type or Print): (First) LOUELLA (Middle) MAE (Last) WATERS
4. DATE OF DEATH: (Month) JULY (Day) 24 (Year) 1950

5. SEX: F
6. COLOR OR RACE: B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JULY 23, 1950
9. AGE last birthday: NEWBORN yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 12 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): STATE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GROVER HARRISON WATERS
14. MOTHER'S MAIDEN NAME: ELLA MAE KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: ELLA MAE KING CRISFIELD, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 **Immediate cause** (a) FETAL ATELECTASIS

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURITY

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

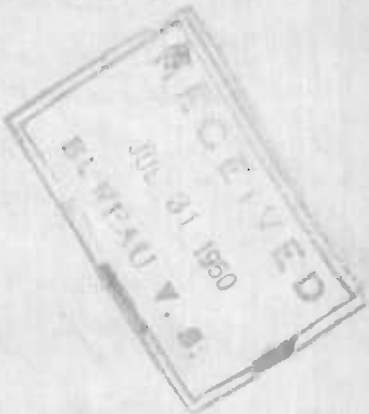
22. I hereby certify that I attended the deceased from JULY 23 1950 to JULY 24 1950, that I last saw the deceased alive on JULY 23, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alberta Malcarney Mattar M.D. ADDRESS DATE SIGNED July 27 '50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/25/50 — NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 7/25/50 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR Grover Waters — Father — ADDRESS Crisfield Md

1-0-1-23-0-31-9-281-2


RECEIVED
JUL 31 1950
BUREAU

07507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hours

Hospital, institution, or street address where death occurred: Edw. McCready Hosp. Crisfield

How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Marion
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Infant Whittington

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: Infant

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 8th 1950 - 1:00 A.M.

8. AGE: Years | Months | Days | If less than one day: 6 hrs. ..... min.

9. Birthplace: Crisfield - Som. Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Howard Cornish
13. Birthplace: Princess Anne, Md.

MOTHER
14. Maiden name: Catherine Whittington
15. Birthplace: Marion, Md.

16. Informant: Marion Horsey
Address: Marion, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/8/50 (month) (day) (year)

Cemetery or crematory: Library Cemetery

Location: Marion

18. Funeral director: Family Burial

Address: Marion, Md.

19. 7/8/ 1950 (Date rec'd by registrar) Betty Messer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8th 1950, at 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8th 1950, to July 8th 1950 and that I last saw him alive on July 8th 1950

Immediate cause of death: Premature Birth — DURATION: 6 hrs.

Due to:

Due to:

Other conditions: 776X 159
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

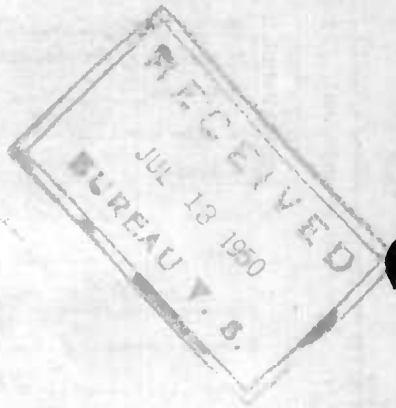
23. SIGNATURE: George C. Cornelius, M.D. M. D. or other

Address: Marion, Md Date signed: 7/8/50

2-0-7-08-0-20-1-29-0

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUL 13 1950
BUREAU V. S.